

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 588585

8.4.06

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7	1					
8						
9						
10	1					
11						
12	1					
13						
14						
15						
16	1					
17						
18	1					
19						
20						
21						
22	1					
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25	1					
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30	1					
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35	1					
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48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	29					
TOTAL CLAIMS	39					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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